

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M4-04-9664-01**

MDR Tracking Number: M4-03-7280-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-28-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0781, E1399, E0236 and E0114.

II. FINDINGS

The respondent denied reimbursement based upon “M – The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B); and The medical fee guideline states in the importance of proper coding ‘Accurate coding of services rendered is essential.’”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-6-02	E0781	\$485.00	\$263.56	M	DOP	General Instructions GR III Durable Medical Equipment GR (VIII), (IX) Section 413.011(b)	Pump for Water Circulating - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$221.44 is recommended.
	E1399	\$75.00	\$0.00	F, M, G	DOP		Cold Therapy Cooler Wrap - not global to any other DME item. Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$75.00 is recommended.

	E1399	\$155.00	\$0.00	F, M, G	DOP	Section 413.011(b)	Water circulating pad – not global to any other DME item Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$155.00 is recommended.
	E0236	\$494.00	\$0.00	F, M G	DOP		Pump Water Circulating Pad- not global to any other DME item. Reimbursement of \$494.00 is recommended.
12-6-02	E1399	\$45.00	\$0.00	G	DOP	General Instructions GR III	Unknown item – unable to determine if global to other DME items rendered on this date.
12-6-02	E0114	\$110.00	\$40.95	M	DOP		Crutch - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$69.05 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1014.49 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0781, E1399, E0114, in the amount of **\$ 1014.49**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1014.49** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division